



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 113649		2. Name of Corporation MOSS SALON, INC.			
3. Street Address Principal Business Office 114 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401.751.8877		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A BEAUTY SALON					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JODY BUTLER			Vice President Name MICHAEL FALLONE		
Street Address 550 HIGH STREET			Street Address 33 BROOKMAN ROAD		
City ASHAWAY	State RI	Zip 02804	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name JODY BUTLER			Treasurer Name TAMMY TOURTELOTT		
Street Address 550 HIGH STREET			Street Address 130 WESTCOTT ROAD		
City ASHAWAY	State RI	Zip 02804	City SCITUATE	State RI	Zip 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JODY BUTLER			Director Name MICHAEL FALLONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name TAMMY TOURTELOTT			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value .01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date MAR 31 2011

Check No. 141477

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Michael J. Fallone Date MARCH 19, 2011

MICHAEL J. FALLONE

Print or Type Name

VICE PRESIDENT

Title